

Presentation for Forum on June 13th.

Introduction: My name is Jessie Bryant. I have a background in various fields of nursing for 40 years, the last 13 were as a Geriatric Nurse Practitioner. I retired eight years ago. Over the last 16 months I have been advising those who have difficulties paying for their prescription medications. One woman I know, was receiving in 2004 \$909 per month from Social Security and spending \$934 on prescription drugs and premiums on Medicare, Medigap policy and long term care insurance. Naturally, she had to take money out of an IRA to make ends meet and make repairs on her house. This then raised her income to the level that she was not eligible for some forms of assistance. On a more general note, a Kaiser Foundation Survey in 2003 found that 4 in 10 seniors do not take their prescription medications as prescribed because of cost or because they don't think the drug is helping them.

On the basis of my recent and past experiences and concern for the many people who are struggling with prescription medications, I would like to make three recommendations about medications and their distribution.

1. Congress should pass a bill to reduce the patent on drugs to ten years instead of twenty years and to plug the loop holes that allow extended time for exclusive rights. This will allow generic forms of many of the best-selling, most expensive drugs sooner. The drug companies have used the excuse of high research costs for higher prices. According to researcher/author Dr. Marie Angell, the truth is much of the research on truly new drugs is funded by the National Institutes of Health, universities and biotechnology companies. Dr. Angell also claims that drug companies do not really give us the truth about the costs of developing new drugs. We also know that prescription drugs are much cheaper in other countries because of their price controls. As a result we are led to believe that we have to foot the bill for research in the U.S.
2. Leave the education of health care providers about pharmaceuticals to universities and the professional associations. It is a conflict of interest for drug companies to say they are educating professionals when they are really marketing drugs. In the last 20 years, I have seen this role change. Previously a representative of the company came to simply leave free samples and some literature. Today they provide expensive dinners and luncheons to health care providers and their staffs to promote their newest, most expensive drugs. I think that some health care providers are becoming aware of who is really paying the costs of these activities. Outside researchers are now comparing drugs that do essentially the same thing. These evidence based studies are finding that often a generic drug is equally or more effective than a higher priced drug. This research has been used in Oregon and other states to lower the Medicaid budget. These studies should also be widely distributed to health care providers.
3. The FDA should no longer allow pharmaceutical companies to advertise prescription drugs on TV or in newspapers and magazines. This simply adds immensely to the cost of our drugs. Leave the education of the public to professionals.

Drug companies have more lobbyists in Congress than there are Senators and Representatives. It will take a strong and united public drive to stop this behemoth from controlling a major part of our health care expenses in this country.